IN THE CLAIMS

1. (Previously Presented) A method for distinguishing malignant papillary from benign thyroid samples, comprising:

   determining presence of a T →A transversion at nucleotide 1796 of *BRAF* according to SEQ ID NO: 1 in a thyroid sample of a human, wherein presence of the transversion indicates a malignant papillary neoplasm and absence of the transversion indicates a benign neoplasm or sample.

2. (Original) The method of claim 1 wherein the thyroid sample is a fine needle aspirate (FNA).

3. (Original) The method of claim 1 wherein the thyroid sample is a tissue sample.

4. (Original) The method of claim 1 wherein the thyroid sample is a cytological sample.

5. (Original) The method of claim 1 further comprising:

   providing a diagnosis based on the presence or absence of the transversion.

6. (Original) The method of claim 1 further comprising:

   providing a prognosis based on the presence or absence of the transversion.

7. (Original) The method of claim 1 further comprising:

   determining a therapeutic regimen for the human using as a factor the presence or absence of the transversion.

8. (Original) The method of claim 3 wherein the sample has a follicular morphology.

9. (Original) The method of claim 3 wherein the sample as a papillary morphology.

10. (Previously Presented) A method of detecting a malignant papillary thyroid neoplasm in a human suspected of having a thyroid neoplasm, comprising:

    determining presence of a T →A transversion at nucleotide 1796 of *BRAF* according to SEQ ID NO: 1 in a blood sample of a human suspected of having a thyroid neoplasm, wherein presence of the transversion indicates a malignant papillary thyroid neoplasm in the human and absence of the transversion indicates a benign thyroid neoplasm or no neoplasm.

11. (Currently amended) A method for detecting a T →A transversion mutation at nucleotide 1796 of *BRAF* according to SEQ ID NO: 1, comprising:

amplifying all or part of exon 15 of *BRAF* from a thyroid test sample to form amplified products, wherein said part comprises at least nucleotides 1792 to 1799 of *BRAF*;

digesting the amplified products with restriction endonuclease TspRI to form digested products;

identifying a mutation at nucleotide 1796 if the digested products contain:

- one fragment fewer than digested products formed when using wild-type *BRAF* as a template for amplifying and digesting; or
- one additional fragment compared to digested products formed when using wild-type *BRAF* as a template for amplifying or digesting.

12. (Cancelled)
13. (Original) The method of claim 11 wherein the test sample is an FNA from a thyroid.
14. (Original) The method of claim 11 wherein the test sample is a tissue sample from a thyroid.
15. (Cancelled)
16. (Cancelled)
17. (Cancelled)
18. (Cancelled)
19. (Cancelled)
20. (Cancelled)
21. (Cancelled)
22. (Cancelled)
23. (Previously Presented) The method of claim 6 wherein if the human has the transversion the prognosis indicates that the human has a higher risk of neck lymph node metastasis than a human without the transversion, and if the human does not have the transversion the prognosis indicates that the human has a lower risk of neck lymph node metastasis than a human with the transversion.

24. (Previously Presented) The method of claim 6 wherein if the human has the transversion the prognosis indicates that the human has a higher risk of cancer recurrence than a human without the transversion, and if the human does not have the transversion the prognosis indicates that the human has lower risk of cancer recurrence than a human with the transversion.